NOTICE OF FEE DUE

| DATE: | 12-20-04 | <u></u> | |
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| TO: | TESUO | | |
| FROM: | Office of Initial Patent Examination | | |
| SUBJECT: | Fee Due \$30 | | |
| APPLICAT | ION NUMBER: 10 | 1602, 463 | a |
| Office for th authorization | e following reason. Ple n to charge a deposit acc opropriate fee. If an aut | ase check the applica count. If an authoriza | J. S. Patent and Trademark tion for the appropriate tion is present, please ent, notify the applicant of |
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| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642. | | | |
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